OAHU COMMITTEES:
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NEIGHBOR ISLAND COMMITTEES:
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT NONCANDIDATE COMMITTEE



Date Form NC-3 (Rev. 11/97

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE	REPORT CAN BE F	OUND IN THE "GUIDEBOOK FOR NONC	ANDIDATE COMMITTEES.")		
SECTION I-NONCANDIDATE COMMITTEE:	SECTION II-TYPE OF REPORT:				
(a) Committee Name: AIG HAWAII INSURANCE COMPANY, INC.	(See the Schedule of Reporting Dates to complete this section)				
EMPLOYEES PAC	[XX] Prelimi	nary Primary	nded		
(b) Mailing Address: 6 WATERFORN TPLAZA	[] Final Primary COMP [] Short Form				
500 ALA MOAAN BLVD., HONOLULU, HI 96813	[] Preliminary General SEP REPORTING PERIOD				
(c) Phone (Bus) 808-543-9737 (Res)	[] Final Ele				
Treasurer's	[] Suppler	nental REO (1999)			
SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section) COLUMN A COLUMN B ELECTION PERIOD TOTAL THIS PERIOD TOTAL TO DATE					
Cash on Hand at the Beginning of the Election Period (Continuing Computer the time the Organizational Report was Filed (New Committee)	mittee) OR at		\$ 1,523.33		
2. Cash on Hand at the Beginning of this Reporting Period	*************	\$11,550.33			
3. Total Receipts (From Line 11, Column A and B)	****************	0.00	12,027.00		
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Colum	nn 8)	11,550.33	13,550.33		
5. Total Disbursements (From Line 14, Column A and B)	*************	<500.00>	1,500.00		
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 f Columns A and B)	rom Line 4 for	12,050.33	12,050.33		
SECTION III (Part 2)-DETAILED SUMMAI (If Necessary, Complete Schedules A the RECEIPTS					
7. Monetary Contributions of \$100 or Less	*********	0.00	132.00		
8. Non-Monetary Contributions of \$100 or Less	*******	0.00	0.00		
Aggregate Monetary and Non-Monetary Contributions of More Than \$1 (Schedule A, Line 2 for Column A)	00	0.00	11,895.00		
10. Other Receipts (Schedule D, Line 2 for Column A)	****************	0.00	0.00		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B)	••••••	0.00	12,027.00		
DISBURSEMENTS		kara da karan da kar Manazarran da karan d			
12. Contributions To Candidates (Schedule B, Line 2 for Column A)		<500.00>	1,500.00		
13. Expenditures (Schedule C, Line 2 for Column A)		0.00	0.00		
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B)		<500.00>	\$1,500.00		
I hereby certify that the information on this report and all attached Scheduler	are true, corre	ct and complete to the best of	my knowledge.		

Treasurer Signature

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

THE DECORAGE FROM THE REPORTS SHALL RE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: AIG HAWAII INSURANCE COMPANY, INC. EMPLOYEES PAC DATE OF CONTRIBUTION FULL NAME. STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE AMOUNT OF CONTRIBUTION THIS PERIOD TOTAL TO DATE	NO INFORMATION OF	R COPES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE O		OF	1
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	SECTION III I	ART 2), LINE 12, COLUMN A)	************************************	***********	•